

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Hashemi, et al.

Serial No.: 09/878,815

Filed: June 11, 2001

For: **Structure and Method for
Fabrication of a Leadless Chip
Carrier**

Art Unit: 2811

Examiner: Owens, Douglas W.

#141
Am dt
Jancin
6/28/03

AMENDMENT AND RESPONSE TO OFFICE ACTION

RECEIVED
JUN 25 2003
TECHNOLOGY CENTER 2800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Office Action dated March 17, 2003 in the above-referenced patent application. Please enter and consider the following amendments and remarks.



2811

Attorney Docket No.: 00CON159PC-CIP1

AMENDMENT COVER SHEET

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IN RE APPLICATION OF: Hashemi, et al.

SERIAL NO.: 09/878,815 FILED: June 11, 2001

FOR: Structure and Method for Fabrication of a Leadless Chip Carrier

HONORABLE COMMISSIONER FOR PATENTS

P.O. Box 1450, Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	410.00	205.00	\$
THIRD MONTH AFTER TIME PERIOD SET	930.00	465.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,450.00	725.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:


	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	53	MINUS **71	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***4	* = 0	x 84	x 42	\$
First presentation of multiple dependent claim				+ 280	+ 140	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

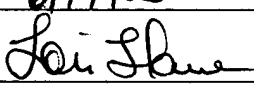
- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 .
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 6/17/03

By: 
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

6/17/03

Signature

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